



2011 Summary of Benefits

Humana Group Medicare

Employer Regional PPO

Loudoun County Government

HUMANA[®]
Guidance when you need it most

Thank you for your interest in the Humana Group Medicare Employer Regional PPO plan. This plan is offered by Humana Insurance Company, a Medicare Advantage Preferred Provider Organization (PPO). This **Summary of Benefits** tells you some features of our plan, offered by Humana Insurance Company. It doesn't list every service that we cover or list every limitation or exclusion. A complete list of benefits is available in the **"Evidence of Coverage."** You may also choose to contact Humana to confirm that planned inpatient services are Medicare-covered services and therefore covered by your plan. Please refer to the customer care number on the back of your ID card.

You always have the option of switching to Original Medicare. However, there are serious implications about this decision. For more information about your options, please contact your benefits administrator.

Participating primary care and specialist physicians and other providers in Humana's networks are not the agents, employees or partners of Humana or any of its affiliates or subsidiaries. They are independent contractors. Humana is not a provider of medical services. Humana does not endorse or control the clinical judgement or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you. You can go to doctors, specialists or hospitals in or out of the network, but you will pay more for services you receive from providers outside of the network.

If you see a provider who accepts Medicare assignment as well as Humana's payment terms and conditions, you will pay a cost-share based on a contracted amount.

If you see a provider who accepts Medicare assignment but does not accept Humana's payment terms and conditions, you will pay a cost-share based on Original Medicare's fee schedule.

Be sure to contact providers before you see them to make sure they accept Medicare.

What are my protections in this plan?

As a member of Humana Group Medicare Employer Regional PPO you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

What types of drugs may be covered under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs provided through DME.

Where is Humana Group Medicare Employer Regional PPO available?

This plan is available in Alabama, Arizona, Arkansas, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, West Virginia, and Wisconsin. You must live in one of these service areas to join the plan.

The employer group, union or trust determines where they are going to offer the plan.

	Benefit	Original Medicare Plan* Pays:	Humana Group Medicare Employer RPP0 (for Services Provided by an In-Network Provider) Pays:	Humana Group Medicare Employer RPP0 (for Services Provided by an Out-of-Network Provider) Pays:
Physician Services	• Office visits in conjunction with an illness or injury	80% after \$155 deductible	100% per visit after \$15 copayment to primary care physician; or 100% per visit after \$30 copayment to specialists	100% per visit after \$15 copayment to primary care physician; or 100% per visit after \$30 copayment to specialists
	• Allergy injections and serum	80% after \$155 deductible	80%	80%
	• Diagnostic tests and X-rays	80% after \$155 deductible	100% per visit after \$15 copayment to primary care physician; or 100% per visit after \$30 copayment to specialists	100% per visit after \$15 copayment to primary care physician; or 100% per visit after \$30 copayment to specialists
	• Medicare-approved lab services	100%	100% per visit after \$15 copayment to primary care physician; or 100% per visit after \$30 copayment to specialists	100% per visit after \$15 copayment to primary care physician; or 100% per visit after \$30 copayment to specialists
Preventive Care**	• Physical exams	80% for one exam within the first 12 months of new Medicare Part B coverage; does not include lab tests	100% per visit (copayment may apply if other services are received) (limited to one per year)	100% per visit (copayment may apply if other services are received) (limited to one per year)
	• Diabetes self-monitoring training	80% after \$155 deductible	100% per visit (copayment may apply if other services are received)	100% per visit (copayment may apply if other services are received)
	• Bone mass measurement (for people with Medicare who are at risk)	80% after \$155 deductible once every 24 months	100% per visit (copayment may apply if other services are received) (limited to one per year)	100% per visit (copayment may apply if other services are received) (limited to one per year)
	• Colorectal screening exams (for people with Medicare age 50 and older)	80%	100% per visit (copayment may apply if other services are received) (limited to one per year)	100% per visit (copayment may apply if other services are received) (limited to one per year)

			Humana Group Medicare Employer RPPO (for Services Provided by an In-Network Provider) Pays:	Humana Group Medicare Employer RPPO (for Services Provided by an Out-of-Network Provider) Pays:
	Benefit	Original Medicare Plan* Pays:		
Preventive Care** (Continued)	<ul style="list-style-type: none"> Immunizations (flu vaccine, Hepatitis B vaccine, and pneumonia vaccine) 	100% coverage for pneumonia and flu vaccines; 80% after \$155 deductible of Medicare-approved amounts for the Hepatitis B vaccine (you may only need the pneumonia vaccine once in your lifetime. Please contact your doctor for further details)	100% per visit (copayment may apply if other services are received)	100% per visit (copayment may apply if other services are received)
	<ul style="list-style-type: none"> Mammograms (annual screening for women with Medicare age 40 and older) 	80%	100% per visit (copayment may apply if other services are received) (limited to one per year)	100% per visit (copayment may apply if other services are received) (limited to one per year)
	<ul style="list-style-type: none"> Pap smears and pelvic exams (for women with Medicare) 	80% for pelvic exam (there is no copayment for a Pap smear once every 2 years; annually for beneficiaries at high risk)	100% per visit (copayment may apply if other services are received) (limited to one per year)	100% per visit (copayment may apply if other services are received) (limited to one per year)
	<ul style="list-style-type: none"> Prostate cancer screening exams (for men with Medicare age 50 and older) 	80% after \$155 deductible once every year; there is no copayment for approved lab services	100% per visit (copayment may apply if other services are received) (limited to one per year)	100% per visit (copayment may apply if other services are received) (limited to one per year)
	<ul style="list-style-type: none"> Nutrition therapy (for ESRD or diabetic patients) 	80% after \$155 deductible	100% per visit (copayment may apply if other services are received)	100% per visit (copayment may apply if other services are received)
	<ul style="list-style-type: none"> Smoking cessation (Medicare-covered) 	80% after \$155 deductible; if ordered by doctor, covers two counseling attempts per year, which include 4 face-to-face visits each	100% per visit (copayment may apply if other services are received)	100% per visit (copayment may apply if other services are received)

			Humana Group Medicare Employer RPPO (for Services Provided by an In-Network Provider) Pays:	Humana Group Medicare Employer RPPO (for Services Provided by an Out-of-Network Provider) Pays:
	Benefit	Original Medicare Plan* Pays:		
Preventive Care** (Continued)	• Abdominal aortic aneurysm screening (for people with Medicare who are at risk)	80% one time screening if deemed necessary from your physical exam	100% per visit (copayment may apply if other services are received) (limited to one per year)	100% per visit (copayment may apply if other services are received) (limited to one per year)
	• Cardiovascular disease testing	80% for the test once every 5 years	100% per visit (copayment may apply if other services are received) (limited to one per year)	100% per visit (copayment may apply if other services are received) (limited to one per year)
	• Glaucoma screening (for people at high risk)	80% after \$155 deductible once every year	100% per visit (copayment may apply if other services are received) (limited to one per year)	100% per visit (copayment may apply if other services are received) (limited to one per year)
	• HIV screening (for pregnant women and people at high risk)	80% for the test once every year or 3 times during pregnancy	100% per visit (copayment may apply if other services are received) (limited to one per year)	100% per visit (copayment may apply if other services are received) (limited to one per year)
	• EKG screening	80% one time screening if deemed necessary from your physical exam	100% per visit (copayment may apply if other services are received) (limited to one per year)	100% per visit (copayment may apply if other services are received) (limited to one per year)
	• Diabetes screening (for people at high risk)	80% twice every year	100% per visit (copayment may apply if other services are received) (limited to one per year)	100% per visit (copayment may apply if other services are received) (limited to one per year)
Hospital Services	• Inpatient care at network hospitals (semiprivate room, ancillary services, physician visits)	100% after the following amounts for each benefit period - \$1,100 deductible for days 1-60; \$275 copayment per day (days 61-90); \$550 copayment per lifetime reserve day (days 91-150) (2)	100% after \$200 copayment per admission (1)	100% after \$200 copayment per admission (1)

			Humana Group Medicare Employer RPP0 (for Services Provided by an In-Network Provider) Pays:	Humana Group Medicare Employer RPP0 (for Services Provided by an Out-of-Network Provider) Pays:
	Benefit	Original Medicare Plan* Pays:		
Hospital Services	• Outpatient nonsurgical services	80% after \$155 deductible	100% per visit after \$0-\$30 copayment (based on services received)	100% per visit after \$0-\$30 copayment (based on services received)
	• Outpatient surgical services	80% after \$155 deductible	100% per visit after \$100 copayment	100% per visit after \$100 copayment
	• Emergency care (emergency room, emergency services)	80% after \$155 deductible and emergency room copayment (waived if admitted to hospital within 3 days of emergency room visit)	100% per visit after \$50 copayment (waived if admitted to hospital within 24 hours)	100% per visit after \$50 copayment (waived if admitted to hospital within 24 hours)
Additional Medical Services	• Ambulatory surgical center	80% after \$155 deductible	100% per visit after \$100 copayment	100% per visit after \$100 copayment
	• Immediate care facility	80% after \$155 deductible	100% per visit after \$0-\$30 copayment (based on services received)	100% per visit after \$0-\$30 copayment (based on services received)
	• Ambulance	80% after \$155 deductible	100% per visit after \$50 copayment	100% per visit after \$50 copayment
	• Physical, respiratory, audiology, cardiac, occupational or speech therapy	80% after \$155 deductible	100% per visit after \$30 copayment	100% per visit after \$30 copayment
	• Home health services	100%	100%	100%
	• Durable medical equipment (includes oxygen received from a durable medical equipment provider or a pharmacy)	80% after \$155 deductible	80%	80%
	• Diabetic monitoring supplies	80% after \$155 deductible	80%	80%

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Additional Medical Services (Continued)	• Renal dialysis	80% after \$155 deductible	100% per visit after \$30 copayment	100% per visit after \$30 copayment
	• Skilled nursing facility	100% for days 1-20 (3-day hospital stay required); 100% after \$137.50 copayment per day (days 21-100); per benefit period (2)	100% after \$50 copayment per day (days 1-100) (no 3-day hospital stay is required) per benefit period (2)	100% after \$50 copayment per day (days 1-100) (no 3-day hospital stay is required) per benefit period (2)
Mental and Nervous Disorder Services	• Inpatient care at network hospitals (semiprivate room, ancillary services, physician visits) (190-day lifetime maximum in a psychiatric hospital)	100% after the following amounts for each benefit period - \$1,100 deductible for days 1-60; \$275 copayment per day (days 61-90); \$550 copayment per lifetime reserve day (days 91-150) (2)	100% after \$200 copayment per admission (1)	100% after \$200 copayment per admission (1)
	• Outpatient	55% after \$155 deductible	100% per visit after \$5-\$10 copayment (based on individual or group session)	100% per visit after \$5-\$10 copayment (based on individual or group session)
Alcohol and Drug Abuse Services	• Inpatient care at network hospitals (semiprivate room, ancillary services, physician visits)	100% after the following amounts for each benefit period - \$1,100 deductible for days 1-60; \$275 copayment per day (days 61-90); \$550 copayment per lifetime reserve day (days 91-150) (2)	100% after \$200 copayment per admission (1)	100% after \$200 copayment per admission (1)
	• Outpatient	80% after \$155 deductible	100% per visit after \$5-\$10 copayment (based on services received)	100% per visit after \$5-\$10 copayment (based on services received)
Hearing Services	• Routine Hearing	This benefit is not offered	100% after \$30 copayment for 1 routine exam per year	100% after \$30 copayment for 1 routine exam per year

	Benefit	Original Medicare Plan* Pays:	Humana Group Medicare Employer RPP0 (for Services Provided by an In-Network Provider) Pays:	Humana Group Medicare Employer RPP0 (for Services Provided by an Out-of-Network Provider) Pays:
Vision Services	• Routine Vision	This benefit is not offered	100% after \$30 copayment for 1 routine exam per year; \$75 combined maximum benefit for all hardware including glasses, frames, and contact lenses; once every two years	\$50 maximum reimbursement for 1 routine exam per year; \$75 combined maximum benefit for all hardware including glasses, frames, and contact lenses; once every two years
Prescription Drugs	• Prescription drugs covered under Part B	80% after \$155 deductible	80%	80%
	• Prescription drugs covered under Part D	Most drugs are not covered under Original Medicare	Please see attached Prescription Drug Schedule	
Out-of-Pocket Maximum		None	100% after \$2,500 per plan year (If you reach this maximum, no further out-of-pocket will be required of you for covered expenses during the year. Expenses for outpatient Part D prescription drugs, routine vision, and plan premiums do not apply toward this maximum)	100% after \$2,500 per plan year (If you reach this maximum, no further out-of-pocket will be required of you for covered expenses during the year. Expenses for outpatient Part D prescription drugs, routine vision, care during foreign travel, and plan premiums do not apply toward this maximum)

* This Summary of Benefits includes the 2010 Medicare cost sharing amounts and will change effective January 1, 2011. Social Security will notify you of the new 2011 Medicare Part B premium, deductible and Part A cost sharing amounts prior to January 1, 2011.

Original Medicare preventive services are covered at **100% in all places of treatment in 2011.

Benefits apply to Medicare-covered services only and costs are calculated using Medicare-approved amounts. Please see your Evidence of Coverage for a complete list of covered benefits. You may also choose to contact Humana to confirm that planned inpatient services are Medicare-covered services and therefore covered by your plan. Please refer to the customer care number on the back of your ID card.

- (1) Inpatient hospital admissions, except in emergency or urgently needed care situations, require prior authorization from Humana.
- (2) A "benefit period" starts the day you go into the hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you have.

	Health and Wellness Programs	These Services are not offered by Original Medicare	You Pay Nothing for these Programs
Extra Benefits	• SilverSneakers®	This benefit is not offered	Available to all members except for those who live in Arizona, Pennsylvania, and Nevada
	• Silver&Fit™	This benefit is not offered	Available to all members who live in Arizona, Pennsylvania, and Nevada
	• Humana Active Outlook SM	This benefit is not offered	Health and wellness education available to all Humana Medicare Advantage members
	• HumanaFirst®	This benefit is not offered	A toll-free 24-hour, 7-day-a-week medical information service with specially trained registered nurses to answer questions on symptom-related health conditions
	• QuitNet®	This benefit is not offered	Smoking cessation service available to all Humana Medicare Advantage members through QuitNet®

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A health plan with a Medicare contract available to anyone enrolled in both Part A and Part B of Medicare through age or disability. You must continue to pay your Medicare Part B premiums. This is an advertisement; for full information on plan benefits, contact the plan.

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